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Certificate of Mailing 3110 FAIRVIEW PARK DRIVE I hereby certify that this Issue Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop addressed to the Box FALLS CHURCH, VA 22042 Issue Fee address on the date indicated below. (Depositor's name) (Signature) (Date) CONFIRMATION NO. APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 3339 10/766,206 01/29/2004 Kenichi Miyamoto ASAM.0105 TITLE OF INVENTION: DISK ARRAY APPARATUS TOTAL FEE(S) DUE DATE DUE **PUBLICATION FEE** APPLN. TYPE SMALL ENTITY **ISSUE FEE** \$300 \$1700 06/08/2006 \$1400 Nonprovisional NO EXAMINER ART UNIT CLASS - SUBCLASS 360-097030 CASTRO, ANGEL A 2653 (37 CFR §1.363). Use of PTO Change of correspondence address or indication of □Fee Address* form(s) and Customer Number are recommended, but not required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1. Reed Smith LLP □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) or agents OR, alternatively, (2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to 2 2. Stanley P. Fisher, Esq. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. registered patent attorneys or agents. If no 3. Juan Carlos A. Marquez, Esq. name is listed, no name will be printed ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Tokyo, Japan HITACHI, LTD. Please check the appropriate assignee category indicated below (will not be printed on the patent)

4a. The following fees are enclosed: ☐ individual □ Corporation or private group entity ☐ government 4b. Payment of Fee(s): Ø A check in the amount of the fee(s) is enclosed. Publication Fee 3 Advance Order - # of Copies: Payment by credit card. Form PTO-2038 is attached. X The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1480 (enclose an extra copy of this form) The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above Date) APRIL 21, 2006 (Authorized Signature) 00000046 10766206 Stanley P. Fisher Reg. No.: 24,344

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